ASPEN 54025

'01 DEC 28 PM3:01

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After Recording Return to:
MICHAEL ORE
3901 Bristol Avenue
Klamath Falls, OR 97603
Until a change is requested all tax statements
Shall be sent to the address above.

State of Oregon, County of Klamath
Recorded 12/28/01, at 3:01 P m
in Vol. M01 Page 66619
Linda Smith, County Clerk
Fee $ 26.00 # of Pgs 2

WARRANTY DEED
(INDIVIDUAL)

CARMEL SUTHERLAND AND CARMEL SUTHERLAND, TRUSTEE OF THE C & C SUTHERLAND FAMILY TRUST DATED DECEMBER 1, 2000, herein called grantor, convey(s) to **MICHAEL ORE, an estate in fee simple** all that real property situated in the County of **KLAMATH**, State of Oregon, described as:

Lot 26, SUMMERS PARK, in the County of Klamath, State of Oregon.

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land, contracts and/or liens for irrigation and/or drainage

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is $64,000.00.
(here comply with the requirements of ORS 93.930)

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

Dated : December 21, 2001

CLIFFORD L. SUTHERLAND AND CARMEL SUTHERLAND, TRUSTEES OF THE C & C SUTHERLAND FAMILY TRUST DATED DECEMBER 1, 2000

BY: Carmel Sutherland
CARMEL SUTHERLAND AS BOTH TRUSTEE AND INDIVIDUALLY

STATE OF Nevada, County of Clark) ss.

On December 26, 2001, personally appeared the above named **CARMEL SUTHERLAND** and acknowledged the foregoing instrument to be **their** voluntary act and deed.

This document is filed at the request of:

Aspen TITLE & ESCROW, INC.

525 Main Street
Klamath Falls, OR 97601
Order No.: **00054025**

Before me: Stephanie D. Dunn
Notary Public for Nevada
My commission expires: March 1, 2004

Official Seal

STEPHANIE D. DUNN
Notary Public, State of Nevada
Appointment No. 91-2737-1
My Appt. Expires March 1, 2004

26

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

66620

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER — USE BLACK INK ONLY/NO SMUDGES, WHITEOUTS OR ALTERATIONS — VS-11 (REV. 1/00) — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
CLIFFORD	LEROY	SUTHERLAND

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
01/31/1939	62			M	04/01/2001	1400

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
OREGON	540 - 44 - 3637	[X] YES [ ] NO [ ] UNK	MARRIED	14

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
WHITE	[ ] YES [X] NO	SELF EMPLOYED

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
SERVICE TECHNICIAN	COMPUTERS	30

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 4417 INEZ COURT

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
LAS VEGAS	CLARK	89130	8	NV

INFORMANT

26. NAME, RELATIONSHIP: CARMEL SUTHERLAND WIFE

27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 4417 INEZ COURT, LAS VEGAS, NEVADA 89130

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN)
CARMEL	V	ROWLAND

31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
LEROY	ARTHUR	SUTHERLAND	UNKNOWN

35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST	38. BIRTH STATE
CHARLOTTE	GENE	KING	UNKNOWN

DISPOSITION(S)

39. DATE MM/DD/CCYY: 04/07/2001 — 40. PLACE OF FINAL DISPOSITION: RES. C. SUTHERLAND — 4417 INEZ COURT, LAS VEGAS, NEVADA 89130

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE	43. LICENSE NO.	44. DATE MM/DD/CCYY
CR/TR/RES			

44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. DATE MM/DD/CCYY
ANGELENO VALLEY MORTUARY	FD-1539	04/05/2001

PLACE OF DEATH

101. PLACE OF DEATH (VA GREATER LA HLTHCARE SYS / WEST LA HLTHCARE CTR)	102. FACILITY	103. COUNTY
	[X] HOSP [ ] NURSING [ ] RES [ ] OTHER	LOS ANGELES

104. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 11301 WILSHIRE BOULEVARD — LOS ANGELES

CAUSE OF DEATH

107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.)

IMMEDIATE CAUSE (A): ADULT RESPIRATORY DISTRESS SYNDROME — INTERVAL: WKS

DUE TO (B): NON - HODGKIN'S [illegible] — INTERVAL: MTHS

DUE TO (C):

DUE TO (D):

108. DEATH REPORTED TO CORONER	AUTOPSY PERFORMED	110. USED IN DETERMINING CAUSE
[X] YES [ ] NO	[ ] YES [X] NO	[X] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL CONDITION: ENDOCARDITIS

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107? IF YES, LIST TYPE OF OPERATION AND DATE: NO

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWL[illegible] DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED AND FROM THE CAUSES STATED.

DECEDENT ATTENDED SINCE MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY
03/15/2001	04/01/2001

115. SIGNATURE	116. LICENSE NO.	117. DATE MM/DD/CCYY
[signature] M.D.	G-11776	04/04/2001

118. TYPE OR PRINT NAME, MAILING ADDRESS, ZIP: GEORGE CSATHY, M.D. 11301 WILSHIRE BLVD. L.A. CA., 90073

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
[ ] YES [ ] NO			

119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP):

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX NUMBER	CENSUS TRACT
								213/11090	

270099871

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

[signature] DATE APR 06 2001

Director of Health Services and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.